



NOTICE OF SOLICITATION

06139-RFP

REQUEST FOR PROPOSAL FOR: RYAN WHITE TITLE 1 SERVICES

Notice is hereby given sealed proposals will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, **CONTINUOUSLY STARTING 2:00 P.M./M.S.T. on NOVEMBER 3, 2006 and continuing every Friday until the County has received an adequate number of responses. (MANDATORY) PROVIDERS ON CURRENT CONTRACT MUST RESPOND BY 01/15/2007 TO BE CONSIDERED FOR AWARD ON THIS CONTRACT.** Proposals (original (labeled) and 3 copies) will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

All Proposals must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked **"SERIAL 06139-RFP REQUEST FOR PROPOSAL FOR RYAN WHITE TITLE 1 SERVICES"**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this Request for Proposal must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS REQUEST FOR PROPOSAL AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT <http://www.maricopa.gov/materials>. ANY ADDENDA TO THIS REQUEST FOR PROPOSAL WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE
MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

DIRECT ALL INQUIRIES TO:

STEVE DAHLE
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NOTE: MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS: <http://www.maricopa.gov/materials/advbd/advbd.asp>

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REQUEST FOR PROPOSAL FOR RYAN WHITE TITLE 1 SERVICES

1.0 INTENT

The purpose of this Request for Proposal is to solicit proposals for Ryan White Title I services for Maricopa and Pinal Counties. Maricopa County reserves the right to award multiple contracts within a service category and to add additional contractors at any time to ensure adequate services to meet County needs. Additionally, the County seeks service providers to: 1) reduce the unmet need within the EMA (individuals who know they are HIV+ and are not accessing Primary Medical Care), 2) serve traditionally underserved/underrepresented populations within the EMA's care system (Hispanics, African Americans and American Indians, etc), 3) expand the Title I provider system to all areas of the EMA (Maricopa and Pinal counties).

2.0 PURPOSE OF THE PROGRAM AND AUTHORITY

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and amended in 1996 and 2000. It is currently under reauthorization in the United States Congress. The authority for this grant program is the Public Health Service Act Section 2603, 42 USC 300ff-13. The U.S. Department of Health and Human Services (DHHS) administers the Title I program through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service System (DSS). The entire CARE Act can be accessed at <http://hab.hrsa.gov/law.htm>.

Title I funds provide direct financial assistance to Eligible Metropolitan Area (EMAs) that have been the most severely affected by the HIV epidemic. Formula and supplemental funding components of the grant assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWH/A (People Living with HIV/AIDS) in accessing treatment of HIV infection that is consistent with Public Health Service (PHS) Treatment Guidelines (current treatment guidelines are available at www.AIDSinfo.nih.gov). Comprehensive HIV/AIDS care beyond these core services also includes access to other health services (e.g. home health care, nutritional, and rehabilitation service). In addition, this continuum of care may include supportive services that enable individuals to access and remain in primary medical care (e.g. outreach, transportation, treatment adherence, child welfare services, and health education/risk reduction).

Title I supplemental funds have been awarded since fiscal year (FY) 1999 under the Minority AIDS Initiative (MAI) to improve the quality of care and health outcomes in communities of color disproportionately impacted by the HIV epidemic. Funds are to initiate, modify, or expand culturally and linguistically appropriate HIV care services for disproportionately impacted communities of color. Following Congressional intent, MAI funds must be used to expand or support new initiatives consistent with these goals.

MAI funds are subject to special conditions of award, and providers of services funded with MAI funds must document their use separately from other Title I funds. In addition to the standard reports required by the Administrative Agency and CADR, progress reports must be provided in a beginning of year, Mid-Year Progress Report, and end-of-fiscal year Final Progress Report. This information reported is used to monitor:

- Compliance with the MAI Condition of Award and related requirements;
- Progress in meeting planned objectives;
- Potential grantee technical assistance needs;
- Type and quantity of services delivered and demographics of clients served, and;
- Improvements in access and health outcomes being achieved through these services.

In preparing all responses to this Request for Proposal (RFP), applicant should consider how efforts at the local level are consistent with the Ryan White CARE Act of 2000 which emphasizes the use of funds to address the service needs of "individuals who know their HIV status and are not receiving primary medical care services and for informing individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and

historically underserved communities” Section 2602 (b)(4)(D)(i). For more details, see the Letter of Authorization on Early Intervention Services <http://ftp.hrsa.gov/hab>.

Additionally, applicants should consider the impact of the epidemic within the Phoenix EMA, which consists of Maricopa and Pinal counties. Several studies are available for applicants to review including:

- 2006 Hispanic PLWH/A Needs Assessment
- 2006 African American PLWH/A Needs Assessment
- 2006 PLWH/A Out of Care Needs Assessment
- 2006 Pinal County Needs Assessment
- Phoenix EMA 2006-2009 Comprehensive Plan

All reports can be viewed at the Phoenix EMA Ryan White Planning Council's website at:

[http://www.maricopa.gov/Public Health/ControlPrevention/HIVAIDS/PC/publications.aspx](http://www.maricopa.gov/Public_Health/ControlPrevention/HIVAIDS/PC/publications.aspx)

Moreover, in developing your application you should consider the HIV/AIDS Bureau (HAB) Guiding Principles indicated below that have significant implications for HIV/AIDS care services planning.

- The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
- The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease;
- Changes in the economics of health care are affecting HIV/AIDS care network; and
- Outcomes are critical component of program performance.

All CARE Act funded projects in any service category must participate in the existing community-based continuum of care. This concept requires that services in a community must be organized to respond to the individual's or family's changing needs, in order to reduce fragmentation of care. For the Phoenix EMA to achieve this intent as required by HRSA guidance funded providers will be required to attend meetings sponsored by the Phoenix EMA Ryan White Planning Council and other management and technical assistance meetings deemed mandatory by Maricopa County Department of Health Care Mandates, Ryan White Title I Program.

Lastly, Title I funds must be used in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau. These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.

3.0 THE PHOENIX EMA RYAN WHITE PLANNING COUNCIL

The Phoenix EMA Ryan White Planning Council (PC) is a planning body required under the Title I authorization. The Maricopa County Board of Supervisors serves as the Chief Elected Official for the Planning Council. Membership of the PC must be reflective of the epidemic within the Phoenix EMA and includes representatives from a variety of specific groups such as providers of housing and homeless shelters, HIV prevention services, representatives of individuals who were formerly Federal, State or local prisoners released from the custody of the penal system and had HIV disease on the date released, other mandated entities and interested advocates. The PC establishes service priorities, allocates Title I funds, develops a comprehensive plan, and addresses the efficiency of the grantee's administrative mechanism for rapidly contracting out funds to service providers.

The PC establishes Directives for service categories that are additional requirements that must be incorporated into the program plan along with applicable Standards of Care. These Directives are discussed under the service category description and should also guide prospective applicants in the development of goals objectives and a work plan.

4.0 ADMINISTRATIVE AGENT AND QUALITY MANAGEMENT

Title I funds are awarded to the chief elected official (CEO).

The CEO retains ultimate responsibility for submitting grant applications, ensuring that funds awarded are used appropriately, and complying with reporting or other requirements. Most CEOs delegate day-to-day responsibility for administering their Title I award to a health related department within the jurisdiction. .

For the purposes of this section, the CEO of the EMA has delegated this responsibility to the Ryan White Title I Program within Maricopa County Department of Health Care Mandates.

Administrative activities under the authority of the Administrative Agent include:

- 4.1 Routine grant administration and monitoring activities, including the development of applications for funds, the receipt, monitoring and disbursal of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, compliance with grant conditions and audit requirements/promulgation of policies and procedures and continuous quality improvement initiatives.
- 4.2 All activities associated with the grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.

The administrative agent will conduct site visits with service providers to monitor program and fiscal compliance with contracts. Additionally, where applicable, the administrative agent will conduct site visits to monitor a service provider to ensure the adherence to the EMA's Standards of Care as developed by the PC.

Contract compliance monitoring may be made by the Administrative Agency at any time during the Provider's normal business hours, announced or unannounced. The Provider shall make available for inspection and/or copying, all records and accounts relating to the work performed or the services under this contract.

The lead agency (Contractor) agrees to include any subcontracts a provision to the effect that the subcontractor agrees that Maricopa County Department of Health Care Mandates shall have access to the subcontractor's facilities and the right to examine any books, documents, and records of the subcontractor, involving transactions related to the subcontract. Additionally, client charts, care/treatment plans, eligibility requirements, etc shall be available for inspection.

The Administrative Agent will also, provide technical assistance and training that providers may be required to attend.

The CARE Act requires the establishment of quality management program and quality service indicators for all Title I programs to ensure that persons living with HIV disease receive those services and that the quality of those services meet certain criteria, specifically Standards of Care and the Public Health Services treatment guidelines.

The Maricopa County Department of Health Care Mandates, Ryan White Title I Program has established a Quality Management Program to assess all services funded under Ryan White Title I Program and to achieve the goals set forth in the CARE Act. All funded programs are subject to quality management reviews and technical assistance. All agencies must be able to demonstrate that health and support services supported by Title I funds are consistent with PHS treatment guidelines and the Standards of Care as established by the Planning Council.

All funded providers will be asked to submit quality management plans to reflect how providers are ensuring quality services.

5.0 APPLICANT ELIGIBILITY

Eligible applicants for awards under this bid include public or non-profit health and social services providers, and other non-profit community organizations, medical care providers, community-based organizations, HIV/AIDS service organizations, academic entities, and city, county, state, federal

governmental units. The CARE Act Amendments of 1996 provide for contracting with for-profit entities under certain limited circumstances. Specifically, the amendments allow Title I funds to be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area (Sec 2604(b) (2) (A); Section 2631(a) (1). Contractors are prohibited from serving as conduits to pass on their awards to for-profit entities. **To better serve Persons Living with HIV/AIDS (PLWHA) within the EMA, the Maricopa County Department of Health Care Mandates reserves the right, at its discretion, to issue multiple contracts within a service category pursuant to this Request for Proposal.**

- 5.1 All services must be directed to enhance the delivery of services to persons living with HIV, and, in limited, restricted instances, their families. These funds may not be used for prevention services.
- 5.2 Joint proposals from coalitions of agencies and organizations are allowable. However, if a lead agency (prime contractor) is proposing to sub-contract with another agency to perform more than 50% of the deliverables, the proposal must provide sufficient information regarding the qualifications of the sub-contracting agency.
- 5.3 In all cases, a lead agency (as prime contractor) must be identified. All proposals in response to this RFP which includes the use of subcontractors must be submitted by a lead agency, with the approach to use the subcontractor(s) clearly outlined in their proposal.
- 5.4 All providers must have documented evidence to substantiate referral relationships on an ongoing basis. All offerers must submit any written agreements with other organizations/entities that serve the community of persons living with HIV and are 1) service providers and/or 2) points of entry or access to HIV services. All offerers are strongly encouraged to include copies of such agreements, detailing each agencies/organization's roles and responsibilities, with each application.
- 5.5 The use of subcontractors and/or consultants must be pre-approved by the Maricopa County Department of Health Care Mandates. If approved, the Contractor agrees to use written agreements which conform to Federal and State laws, regulations and requirements of this proposal appropriate to the service or activity defined by this RFP. These provisions apply with equal force to the subcontract as if the subcontractor were the contractor referenced herein. The Contractor is responsible for the performance of this contract regardless of whether or not a subcontract is used. The lead agency (Contractor) will submit a copy of each executed subcontract to the MCDHCM within fifteen (15) days of its effective date.
- 5.6 All proposals in response to this RFP which include the use of subcontractors must clearly state and document the details of the subcontract agreement. This will include a scope/intent of work for both the lead agency and all subcontracts proposed. The scope of the proposal must clearly identify the services to be provided by all parties for the proposal. Additionally, all subcontract agreements proposed must include a detailed budget and narrative, identifying all administrative costs, as defined in the "Administrative Costs" section of this RFP. Subcontracts will be restricted to no more than ten percent of the budget proposed.

6.0 **PERIOD OF CONTRACT**

Successful Title I applicants will be awarded funds for a 16-month period beginning November 1st, 2006; however there is no guarantee that any applicant will receive funds beyond February 29th, 2008. All funded agencies will be required to enter into a contractual agreement with Maricopa County Department of Health Care Mandates, Ryan White Title I Program to provide services as outlined in their work plan for the entire 16-month period.

7.0 **FEDERAL REQUIREMENTS OF TITLE I AWARDS**

7.1 **Payer of Last Resort**

Under Section 2605 (a)(6), Title I funds cannot be used to pay for any item or services that can reasonably be expected to be paid under any State compensation program, insurance policy, or any

Federal or State health benefits program or by any entity that provides health services on a prepaid basis. This means that providers are expected to secure other funding instead of CARE Act funds wherever possible.

If the provider elects to use Ryan White CARE Act funds for client services, which are eligible for both third party reimbursement, and grant funding, the provider must have a system in place to bill and collect from the appropriate third party payer. Only if the client has been determined to not be eligible for reimbursement from Arizona Health Care Cost Containment System (AHCCCS) or from other third party payers, may the applicant use grant funds to provide these services. The applicant may use Ryan White Act funds while an AHCCCS eligibility determination is pending, but must back bill AHCCCS during their retroactive period of enrollment. Maricopa County Department of Health Care Mandates, Ryan White Title I Program reserves the right to audit records and/or require proof that grant funds are not being used to support clients enrolled in third party reimbursement programs.

Grant funds may not be used to supplant or replace current state or local HIV-related funding. Agencies with continuing funds are encouraged to adopt a fiscal methodology, which is consistent from year-to-year and includes the same program accounts or budget line items each year. This requirement will be subject to audit.

Under Section 2604 (e), Maricopa County Department of Health Care Mandates is required to contract only with AHCCCS certified providers if the service is covered under AHCCCS.

7.2 Client Eligibility

Services supported by Title I funds must be offered without regard to the individual's ability to pay, the individual's past or present health condition and in a setting accessible to low income individuals living with HIV disease. Federal requirements maintain that individuals and families with HIV disease are eligible for services. Proof of HIV diagnosis is required. The proof of HIV diagnosis must have the client's name, the physician name and original signature (not a facsimile thereof) and clearly state HIV diagnosis; or a positive test result for HIV disease with the client's name on the test result.

Further eligibility requirements are contained in the procedure manual. In keeping with this policy, Maricopa County Department of Health Care Mandates, Ryan White Title I Program will require all Title I providers to establish client eligibility at intake and to recertify eligibility on a semi-annually basis with the exception of HIV diagnosis. Client verification is established using the following: 1) Lab slip documenting the HIV positive status and or medical diagnosis as evidenced by the signature of a physician; 2) residency in the Phoenix EMA; 3) household income at 300% of poverty or below; 4) assessment of third party payer capacity; and 5) use of the Eligibility Verification System of the State of Arizona.

It will be the responsibility of contractors providing direct client services to assure that only eligible clients receive services under this program. The above determination criteria must be a part of each client's permanent record and available for review during site visits by the administrative agent.

7.3 Client Payment for Services

The program must be a participating AHCCCS entity for all services that are covered under the program. Providers that receive Title I funds and charge for services must develop consistent and equitable policies and procedures related to verification of client's financial status, implementation of a sliding fee scale and ensuring a cap on client charges for HIV related services. The sliding scale fee schedule must take into account the client's level of income and limits total service charges to a percentage of the individual's yearly income. The agency must have a system in place to ensure that these annual caps on charges to clients are not exceeded.

The law prohibits imposing a first party charge on individuals whose income is at or below 100% of the Federal Poverty Level and requires that individuals with incomes above the official poverty

level be charged for services. Federal Poverty Guidelines are updated each year and are available on the web at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

Family Income	Maximum Charge
At or below 100% of Poverty	\$0
101% to 200% of Poverty	No more than 5% of gross annual income
201% to 300% of Poverty	No more than 7% of gross annual income
Over 300% of Poverty	No more than 10% of gross annual income

The Presidential Executive Order issued August 2000, requires that every program that received federal funds be required to take reasonable steps to assure meaningful access to their program by Limited English Proficiency (LEP) persons. Each entity that provides services shall develop language assistance procedures for accessing the language needs of the population served; translating both oral and written communications and documentation; training staff in the language assistance program requirements and monitoring LEP requirements.

Additionally, the Phoenix EMA Planning Council has directed the administrative agency to consider service providers that offer culturally and linguistically appropriate services.

7.4 Allowable Uses of Funds for Service Categories

The following provides clarification on HRSA's guidance around allowable uses of funds. For additional information on allowable use of Title I funds, review HRSA's Division of Service Systems Program Policy Guidance No. 2 Allowable Uses of Funds for Discretely Defined Categories of Services Formerly Policy No. 97-02, First Issued: February 1, 1997, June 1, 2000 at <http://hab.hrsa.gov/law/dss2.htm>.

7.5 **Ryan White Title I Program funds are not available for prevention education services such as: basic HIV-education, HIV testing, addressing sexually-transmitted diseases or condom distribution. Education-related activities in this service category must be directly linked to increasing access of the target populations to HIV care services.**

7.5.1 Funds may **not be used**:

- To purchase or improve any building or other facility;
- For items or services that have already been paid for, or can reasonably be expected to be paid for any by another source;
- To pay for automobile parts, repairs, or maintenance;
- To make cash payments to people receiving services under the Act;
- To pay for pet care or supplies;
- To purchase tobacco or lottery tickets;
- To be used for mortgage payments;
- To cover the costs of funeral, burial, cremation or other related expenses;
- To purchase clothes;
- To support legal services for criminal defense;
- To pay property tax;
- To support research; or
- To support fundraising activities.

7.6 Administrative Costs

Administrative costs are those not directly associated with service provision. Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting and data reporting. By law, no more than ten (10) percent of the Ryan White project budget can be allocated to administrative costs. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:

7.6.1 Indirect costs, which are allowed only if the applicant has a negotiated indirect cost rate approved by the cognizant Federal agency. A copy of the latest negotiated cost agreement that covers the period for which funds are requested must be submitted at the

time of approval of award. Indirect costs are those considered necessary to the operation of the organization and performance of the programs. All indirect costs are subject to the 10 percent limitation on administrative expense.

- 7.6.2 Rent, utilities, and other facility support costs.
- 7.6.3 Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director.
- 7.6.4 Telecommunications, including telephone, fax, pager (non direct service)
- 7.6.5 Postage (non direct service)
- 7.6.6 Liability insurance
- 7.6.7 Office supplies
- 7.6.8 Audits
- 7.6.9 Payroll/accounting services
- 7.6.10 Computer hardware/software
- 7.6.11 Activities related to data collection requirements, including the CARE Act Data Report (CADR), unduplicated Title I client-level data, and other reports.

The Maricopa County Department of Health Care Mandates limits the administrative costs to not more than ten (10) percent of the proposed budget for all subcontractor agreements utilized to provide service outlined in this RFP.

7.7 Funding Restrictions

Ryan White CARE Act funds shall not be used to finance the services of lobbyists, or grant/proposal writers.

7.8 Stewardship of Funds

Programs must have appropriate financial systems that can provide for internal control, safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, assuring access to care, and maximizing revenue from non-federal sources. These systems must meet the requirements outlined by the Office of Management and Budget (OMB) for receipt of Federal funding. The OMB Circulars A-102, A-110 as well as the cost principles in Circular A-21, A-87 and A-122 specify the requirements for obtaining prior approvals for certain budget and program revisions. These resources also provide agencies with the minimum expectations for the standards of financial management systems, purpose of property standards, purpose of procurement standards, purpose of reports and records, purpose of termination and enforcement and purpose of closeout procedures. Copies of all the cited circulars can be obtained at <http://whitehouse.gov/omb/circulars/index.html>. The specific information can be found in the circulars is as follows:

7.9 Monitoring Requirements

- 7.9.1 OMB Circulars A-110 Uniform Administrative Requirement for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profits
- 7.9.2 OMB Circulars A-102 Uniform Administrative Requirement for State and Local Governments

7.10 Auditing Requirements

All funded agencies are required to obtain an audit in accordance with the revised OMB Circular A-133 Audits of Institutions of Higher Education and Other Non-Profit Institutions. Only recipient institutions that expend \$500,000 or more in a year in federal funds must have a single or program specific audit for the year. Agencies that do not fit this definition still must obtain an audit from an independent auditor. A copy of the latest audit must be forwarded to Kevin McNeal, at Maricopa County Department of Health Care Mandates, Ryan White Title I Program, 301 W Jefferson Avenue, Suite #320, Phoenix, AZ 85003 at the time of award.

7.11 Cost Requirements

The following three resources establish principles and standards for determining costs applicable to grants, contracts and other agreements.

- 7.11.1 OMB Circulars A-122 Cost Principles for Non-Profit Organizations
- 7.11.2 OMB Circulars A-87 Cost Principles for State and Local Organizations
- 7.11.3 OMB Circulars A-21 Cost Principles for Educational Institutions

8.0 OTHER FINANCIAL/PROGRAM ISSUES

8.1 Payment

Maricopa County Department of Health Care Mandates, Ryan White Title I Program is responsible for the reimbursement of service performed under this grant. All payments are based on the submission of invoices and program performance measures. Supporting documentation is required for any purchases exceeding \$5,000. Every effort will be made to make payment under the contractual agreement within 45 days of presentation and approval of an invoice for payment.

8.2 Reporting Requirements

Providers are required to submit monthly fiscal and program reports to Maricopa County Department of Health Care Mandates, Ryan White Title I Program as well as program narratives. For new service providers, technical assistance will be made available to ensure that reporting requirements have been met. The monthly fiscal and program reports and programmatic narratives are due on the 15th of every month. No payment will be made to the provider if the required programmatic and fiscal reports have not been received. Noncompliance with the reporting requirements will be reason to impose a penalty up to 10% of the payment requested. As part of the HRSA reporting requirements, providers are also required to submit data on their HIV population through the CARE Act Data Report (CADR) which provides documentation of services provided, including characteristics of the clients receiving services and descriptive information about the organizations that deliver care with Title I funds. Providers are required to submit client level data for all Title I funded clients to Maricopa County Department of Health Care Mandates, Ryan White Title I Program twice a year. Providers must report the unduplicated number of Title I clients served using the Unique Record Number (URN) derived from the CAREWare database. Installation and training for CAREWare will be made available through the administrative agent's office.

Fiscal reporting requirements vary for different service categories. Your budget will be scored based on how well you address those reporting requirements.

8.3 CARE Act Data Report (CADR)

As referenced above, providers are required to have the capacity to collect unduplicated client level data. The submission of the CADR is a requirement of all CARE Act funded sub-grantees and must be submitted to HRSA by March 15, 2007. Mandatory training will be provided during the course of the fiscal year to assist providers in the collection of this required information. This report is due to Maricopa County Department of Health Care Mandates, Ryan White Title I Program on February 15, 2007 and is a condition of award.

8.4 Other Data Requirements

You are required to have an information system that has the capacity to manage and report the following administrative, fiscal, and program data:

- 8.4.1 For the Title I Unduplicated Client level data, the number of unique individuals provided Title I services listed by the URN (Unique Record Number),
- 8.4.2 For the CADR, the number of unique individuals who are HIV-positive and receiving Ryan White funded services,

- 8.4.3 Demographic information on each individual receiving a Title I funded services, sample demographic information includes:
 - Gender
 - Race/Ethnicity
 - Age
 - Incarcerated/Recently Released
- 8.4.4 Risk factors on each individual receiving a service sample risk factors include:
 - Men who have Sex with Men
 - Intravenous Drug Use
 - Heterosexual
- 8.4.5 The number of HIV infected individuals and the CDC classification of their disease, (HIV or AIDS)
- 8.4.6 Tracking and reporting program income generated by third party reimbursement. OMB Circulars A-102 and A-110 stipulate how program income can be used,
- 8.4.7 Tracking and reporting of viral loads, CD4 and HIV medication regimen (if applicable) of agency served clients
- 8.4.8 All performance measures/units for the applicable service category.

8.5 Contractual Compliance

Maricopa County Department of Health Care Mandates, Ryan White Title I Program reserves the right to increase or decrease awards within the funding period of November 1st, 2006 to February 29th, 2008 due to failure of a provider to achieve contracted goals and objectives as stated in the approved Scope of Work in a timely fashion or demonstrate a need to expand services. All budgets are for a full 12-month period of operation.

8.6 Confidentiality

Funded providers must have established policies and procedures for ensuring confidentiality of all clients served. This includes maintaining records in a secure place. All providers must comply with HIPAA (Health Insurance Portability and Accountability Act). For more information see www.hrsa.gov/hipaa.gov/htm. Additionally, agencies must document that client confidentiality agreements are signed every 6 months and that the agency has annual training on HIPAA.

8.7 Record Retention

The provider shall maintain all records and other documents related to services provided for a period of five years from the date of final payment, except in cases where unresolved audit questions require retention for a longer period as determined by Maricopa County Department of Health Care Mandates, Ryan White Title I Program. The provider shall make such records and documents available for inspection and audit at any time to authorized representatives. If the provider ceases to exist, custody of all records related to funded services will be transferred to Maricopa County Department of Health Care Mandates, Ryan White Title I Program.

8.8 HIV Reporting

In accepting Ryan White funds, the provider agrees to report to the Maricopa County Department of Health Care Mandates or Arizona Department of Health Services by name and known HIV-positive symptomatic or AIDS case, as required by law. The level of Ryan White funding for the Phoenix EMA is contingent on accurate case counting.

8.9 Publicity

Promotion of agency's Ryan White Title I services is mandatory. Section 2607(a)(7)(C) of the Care Act requires that vendors provide a program of outreach to low income individuals with HIV-disease to inform such individual of services. However, prior to any advertising, publicity, or promotional materials initiated by provider relating to services funded by Ryan White Title I, the provider shall obtain prior written approval regarding such promotional materials from Maricopa County Department of Health Care Mandates, Ryan White Title I Program before such materials

can be released. Materials shall be presented to Maricopa County Department of Health Care Mandates, Ryan White Title I Program for approval and will be returned to the provider in a timely manner

8.10 **Evaluation of Proposal – Selection Factors:**

An Independent Review Panel (IRP) shall be appointed, MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT BASED ON THE FOLLOWING CRITERIA).**

8.10.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:

- 8.10.1.1 **Goal 1:** Improve delivery of core services and other services to populations with the greatest needs.
- 8.10.1.2 **Goal 2:** Improve entry into care by streamlining the eligibility process.
- 8.10.1.3 **Goal 3:** Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.
- 8.10.1.4 **Goal 4:** Improve access to services through multiple approaches.
- 8.10.1.5 **Goal 5:** Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.
- 8.10.1.6 **Goal 7:** Improve the integration and coordination among care services and between HIV care and prevention.

8.10.2 Agency's proven skills and technical competence, including all subcontractor agreements proposed.

8.10.3 Staff qualifications and credentials

8.10.4 Cost of services and/or materials and allocation of man-hours.

9.0 **DEFINITIONS**

9.1 **Ryan White CARE Proposal Review Panel:**

An independent Review Panel will govern the proposal review process. The review panel will be comprised of individuals with expertise in HIV/AIDS issues, grant processes, and/or the Ryan White CARE program from the Phoenix EMA and/or other HIV/AIDS jurisdictions or organizations outside of the Phoenix EMA. All individuals who are on the Review Panel will be non-aligned with agencies or individuals that are applying for funding. In addition, each reviewer will have no conflict of interest with the contractor recommendations process and a Confidentiality and Conflict of Interest Agreement will be required to be signed and adhered to by all Review Panel members. Recommendations of the RFP Review Panel are forwarded to the County of Maricopa, Department of Health Care Mandates for final award/denial decisions.

9.2 **Key Points of Entry:**

The Health Resources and Services Administration requires that Ryan White contractors establish, maintain and document referral relationships with entities in the area served that constitute key points of entry to the health care system for people living with HIV. Within the Phoenix EMA, these key points of entry include, but are not limited to, the McDowell Healthcare Center, case management facilities, local hospital emergency rooms, HIV counseling and testing sites, substance abuse and mental health treatment programs, detoxification centers, detention facilities, local clinics regarding sexually transmitted diseases, homeless shelters, federally qualified health centers, and public health departments.

- 9.3 Eligible Metropolitan Area (EMA):
The Eligible Metropolitan Area for the Phoenix Region Ryan White CARE Program includes Maricopa and Pinal Counties. Both Counties receive Ryan White CARE Act Title I funding from the Health Resources and Services Administration (HRSA).
- 9.4 Fiscal Administrative Agent (FAA):
The Fiscal Administrative Agent for the Phoenix EMA is the County of Maricopa, Department of Healthcare Mandates (HCM) and is responsible for activities such as, but not limited to, contracting with and reporting to HRSA, solicitation, review, selection, and contracting with direct service providers, data collection, quality management and monitoring of contracts. Staffing for the Fiscal Administrative Agent is directed through the Department of Health Care Mandates.
- 9.5 Grantee:
The Grantee for the Phoenix EMA Ryan White CARE Program is the Maricopa County Board of Supervisors and the Chief Elected Official (CEO) of the County. The Grantee carries ultimate accountability for the appropriate use of Ryan White CARE Act funds in the EMA.
- 9.6 Health Resources and Services Administration (HRSA):
The Health Resources and Services Administration, U.S. Department of Health and Human Services sets policies, procedures, allocates Federal funds awarded by Congress, and manages the Title I Ryan White CARE Act.
- 9.7 Phoenix EMA Ryan White Planning Council:
A Grantee appointed multi-member body representative of the EMA. Responsible for establishing service priorities and allocations for the use of Ryan White CARE Act funds, developing a comprehensive plan and needs assessment for the organization regarding delivery of HIV/AIDS services in the EMA, and assessing the efficiency of the administrative mechanisms in allocating funds to the areas of greatest need.

10.0 **BACKGROUND/PURPOSE OF FUNDS**

Ryan White CARE Act Title I funds are to provide direct financial assistance to the Eligible Metropolitan Areas that have been the most severely affected by the HIV/AIDS epidemic, as well as development of, and support for, a continuum of services for persons with HIV/AIDS.

- 10.1 All funds are to support HIV/AIDS care and treatment. Early Intervention Services (EIS), a newly fundable service category under Title I, has not been allotted funds for FY 2005/2006, and therefore funds cannot be used for this service.
- 10.2 Ryan White CARE Act funds are for HIV/AIDS related services only. Therefore, research, epidemiological and capital projects cannot be funded and will not be considered. Only new programs, current programs, program expansions, and enhancement of existing programs will be considered.
- 10.3 Ryan White funds are to be used as "dollars of last resort" by all contractors. Ensuring and documenting that all other avenues of meeting a particular need or providing a particular service must have been explored and a determination made to be unavailable prior to Ryan White CARE Act funds being used. This is of utmost importance to ensure the limited funding available to direct service delivery is broadly used to serve the greatest number of persons living with HIV/AIDS with the greatest needs.
- 10.3.1 The use of Ryan White CARE Act monies to supplant other Federal, State or other funds is strictly prohibited under law.
- 10.3.2 Ryan White CARE Act monies must be targeted to low-income, uninsured and/or underinsured persons.

- 10.3.3 Special emphasis must be placed on high risk, previously neglected, under-represented populations and those persons who can no longer care for themselves or have no other alternatives.

11.0 SERVICE CATEGORIES ELIGIBLE FOR FUNDING

The following is a discussion of each service category, which addresses the FY 2006 Directives and aspects of the Standards of Care. However, we strongly urge all applicants to obtain a copy of the specific Standards of Care for each service category. **Please note that all Directives must be addressed in the work plan submitted for each service category.**

11.1 Alternative/Complementary Services

Upon written referral by the client's primary health care provider (or substance abuse counselor in the case of referrals for acupuncture associated with substance abuse treatment), provides services related to alternative/complementary therapies, including but not limited to non-RDA supplements such as herbs and other non-vitamin/mineral supplements, chiropractic services, therapeutic massage, acupuncture, hydrotherapy, naturopathic services, hypnotherapy and Naturopathic Medical Doctor (NMD) services. These services must be directly linked to primary care access and retention.

11.2 Case Management

Provides a range of client-centered services that link clients with primary HIV medical care, psychosocial, and other services to insure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and a linkage that expedites discharge, as medically appropriate, from inpatient facilities. Key activities include initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, individualized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary during the life of the client. Services may include client-specific advocacy. Following the assessment of individual need, advice and assistance in obtaining medical, social, community, legal, financial, benefits counseling and assistance, and other needed services is provided.

11.3 Emergency Financial Assistance

Provision of short-term payments for portable water purification systems, HIV-related eyeglasses, or medication assistance. These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time. Expenditures must be reported under the relevant service category.

11.4 Food Bank/Meals/Nutritional Supplements

Provision of food, meals, or nutritional supplements.

11.5 Health Insurance

A program of financial assistance for eligible individuals with HIV disease to maintain a continuity of health insurance or to receive medical benefits under a health-insurance program, including risk pools.

This service category allows Ryan White funds to pay for public or private health insurance co-payments and deductibles for PLWH and to pay family health insurance premiums to ensure health insurance continuation for a family member with HIV. Clients must meet the eligibility requirements as outlined in this RFP.

11.6 Home Care

Provides therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home-health agency in a home/residential setting in accordance with a written, individualized plan of care established by the client's primary care provider. Component services may also include:

- Durable medical equipment

- Homemaker or home-health aide services and personal care services
- Intravenous and aerosolized drug therapy, including the administration of related prescription drugs
- Routine diagnostic testing administered in the home of the individual
- Appropriate mental health, developmental, and rehabilitation services

11.7 Interpreting Services

Provides interpreting services, on an as needed basis, to Ryan White Title I eligible individuals who cannot comprehend English or require sign language interpretation. This service is available for medical or dental care, essential social services, and HIV specific educational events in order to prevent barriers to receiving needed services.

11.8 Legal Services

Legal services directly necessitated by a person's HIV status including: preparation of Powers of Attorney, Do Not Resuscitate Orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act.

11.9 Mental Health Services

Psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental-health professional who is licensed or authorized within the State, including psychiatrists, psychologists, clinical-nurse specialists, social workers, and counselors.

11.10 Nutrition Counseling

Provision of nutrition education and/or counseling provided by a licensed/registered dietitian, outside of a primary care visit.

11.11 Oral Health

Provides for diagnostic, prophylactic, and therapeutic services rendered by dentists, dental hygienists, and similar professional practitioners.

11.12 Outreach Services

Programs which have as their principal purpose identifying people with HIV disease, particularly those who know their HIV status so that they may become aware of and may be enrolled in ongoing HIV primary care and treatment. Outreach activities must be planned and delivered in coordination with State and local HIV-prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes. Activities must be conducted in such a manner as to reach those known to have delayed seeking care. Outreach services should be continually reviewed and evaluated in order to maximize the probability of reaching individuals who do not know their HIV status or know their HIV status but are not actively in treatment. Broad activities that market the availability of health-care services for persons living with HIV are not considered appropriate Title I outreach services (for examples of these activities, please refer to the Ryan White Care Act Title I Manual, HAB Policy Notice 02-01).

11.13 Primary HIV Medical Care

Provision of professional, diagnostic, and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or registered nurse in an outpatient, community-based, and/or office-based setting. This includes diagnostic testing, early intervention, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care. Primary HIV Medical Care includes the provision of care that is consistent with Public Health Service guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

- 11.14 Psychosocial Support Services
Individual and/or group counseling, other than mental-health counseling, provided to clients, family, and/or friends by non-licensed counselors. May include psychosocial providers, peer counseling/support group services, caregiver support/bereavement counseling, drop-in counseling, benefits counseling, and/or nutritional counseling, or education.
- 11.15 Substance Abuse Services
Provision of treatment and/or counseling to address substance abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient or residential health service setting.
- 11.16 Transportation
Conveyance services provided to a client in order to access primary medical care or psychosocial support services. May be provided routinely or on an emergency basis.
- 11.17 **ALL RYAN WHITE CARE ACT-FUNDED PROGRAMS, IN ANY SERVICE CATEGORY, MUST:**
 - 11.17.1 Meet a clearly defined unmet need (defined as Primary Medical Care) and service gaps (defined as support services), target population, and/or geographical area based on the service priorities determined by the Phoenix EMA HIV Planning Council;
 - 11.17.2 Include a plan for ongoing internal monitoring for quality management and program evaluation;
 - 11.17.3 Streamline service delivery;
 - 11.17.4 Include a plan to ensure that clients who receive services funded by Ryan White CARE Act funds consistently have no other source of funds to seek and pay for services independently (this must be documented semi-annually);
 - 11.17.5 Include a plan to demonstrate enhanced cost-effectiveness of services provided through Ryan White CARE Act funding;
 - 11.17.6 Include a plan for integration or coordination with existing HIV service providers, as appropriate;
 - 11.17.7 Include a plan to ensure access to care for all clients in the geographic area your applying for funding (Maricopa and Pinal Counties);
 - 11.17.8 Include a plan for fiscal viability FY 2005-2008 that is not dependent on any future Ryan White CARE Act program funding;
 - 11.17.9 Include a process plan for appropriate closure with clients and/or termination of services at any time during the Ryan White CARE Act grant period;
 - 11.17.10 Include a program plan of outreach to inform low-income individuals with HIV/AIDS of available services and to bring them into care;
 - 11.17.11 Include a participation plan in an HIV/AIDS community-based continuum of care;
 - 11.17.12 Indicate full participation, acceptance, and pledge to support and cooperate in the provision of internal and external audit reviews to monitor for quality management, program evaluation, and fiscal management, quality management trainings and other necessary meetings as often is deemed necessary by the Fiscal Administrative Agent;
 - 11.17.13 Indicate a clear date on which Ryan White CARE Act-funded services will begin once funding is received; and
 - 11.17.14 Indicate full participation, acceptance, understanding and pledge to support and cooperate in submitting all narrative, financial, and quantitative reports or information as requested by the Ryan White CARE Program Fiscal Administrative Agent within ten (10) calendar days following the end of the previous month (i.e., For March 2005, April 10, 2005) and/or other information, meetings that may be requested by the Fiscal Administrative Agent from time-to-time
 - 11.17.15 Participate in any and all special studies such as needs assessments, focus groups and consumer forums when/if requested by Maricopa County Department of Health Care Mandates.
 - 11.17.16 Special Populations and Geographic Accessibility

12.0 SPECIAL POPULATIONS AND GEOGRAPHIC ACCESSIBILITY

Proposer(s) must demonstrate a capability to serve clients from a geographic area beyond that of a local neighborhood, and to do so in keeping with the cultural/ethnic sensitivities of the population(s) to be served. Furthermore, special attention must be given to underserved populations, for example, low income uninsured and medically indigent individuals and families, including women, children, youth, communities of color particularly the Hispanic, African-America and American Indian communities, pediatric and homeless populations, migrant farm workers, youth, men who have sex with men, commercial sex workers and substance abusers.

Special consideration will be given to Proposers that demonstrate the ability to offer service sites located within the major centers of the epidemic in Maricopa and Pinal counties or areas that historically have been underserved. Please see Attachment E "CRITERIA FOR CULTURALLY COMPETENT HEALTH SERVICES" for additional information.

13.0 APPLICATION

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below:

Section 1 – Proposal Cover Sheet

Identify the name of the Proposer responding to the RFP, the amount of funds requested, and the service proposed.

Identify proposing organization, person, or entity by name. (For collaborative proposals, identify only the lead agency to serve as fiscal agent and program coordinator.)

List the budget value total, for the proposed service.

Supply date of submission.

SERVICE:

ORGANIZATION NAME: _____

FUNDS REQUESTED: \$ _____

Date: _____

Section 2 – Proposal Cover Letter

Proposal Cover letter is to be produced on the Proposer's letterhead. This letter must be signed by the Board Chair. (Required of private organizations only. Authorized department heads may sign for proposals submitted by public agencies.)

Section 3 – Contractor Information

Applicants must complete and submit the following attachments in order to be considered.

- Checklist of Proposal Requirements (Attachment B)
- Agreement (Attachment C)
- References (Attachment D)

Section 4 – Proposed Service

Applicants are required to complete a) a narrative describing the service plan; b) work statement; c) schedule of deliverables; and d) key time lines and delivery dates for the proposed service. *State clearly exactly what services are proposed, and how they will be completed.* All four areas (a-d) **must** be included. Applicant can submit one proposal for multiple service categories. It is not necessary to submit a separate proposal for each service category.

Describe in a narrative format, **not to exceed fifteen (15) pages**, the proposed services to be provided. If applicant is proposing on multiple service categories, use the narrative to describe how agency will coordinate services.

Note that a detailed scope of work and schedule of deliverables will be incorporated in any contract that is a result of this RFP. A discrete program narrative, statement of the services to be provided and service approach must be submitted that is reflective of the services proposed.

1. Provide a detailed discussion of program design. Discuss the proposed services goals, objectives, and all discrete tasks and activities (note: link each discrete objective and activity to the Schedule of Deliverables forms, following).
2. Identify the expected outcomes, articulated in measurable, time-specific terms. Detail the key features, issues and outputs of each step of the proposed approach.
3. Describe the implementation plan detailing those activities to be undertaken to fulfill the program's goals and objectives. Indicate what actions will be taken to guarantee that the service will be initiated within the first 30 days of the contract.
4. Describe any features of your approach which are distinctive, innovative, or noteworthy.
5. Describe the staffing model for the proposed program.
6. Complete the Schedule of Deliverables form (Exhibit 3). A discrete schedule must be completed that is reflective of the services and products proposed. A completed, negotiated Work Statement and Schedule of Deliverables will be incorporated into the contract of the successful Proposer.
7. Describe the plan for providing culturally and linguistically appropriate services as outlined in Attachment E
8. Describe agency's quality management program and how it relates to HIV related care services.

Section 5 – Organization Experience

This section shall describe the proposer's ability and experience related to the programs and services proposed. All project personnel, as applicable, shall be listed including a description of assignments and responsibilities, a resume of professional experience, and an estimate of the time each would devote to this program, and other pertinent information.

Respond fully to each of the topics listed below in the discrete order presented. Response may not exceed fifteen (15) pages of narrative, not including linkage agreements and letters of support/collaboration.

Provide a comprehensive history of the organization's prior contracting experience with the MCDHCM and other funding sources. Include a detailed discussion of any instances of early contract termination, default, sanctions, or restrictions.

Describe those actions taken by the agency to ensure culturally-competent service delivery. Note any distinctive features of the proposed services such as, but not limited to, bi- or multi-lingual, HIV positive, and/or racially and ethnically diverse program staff.

Describe the organization's linkages to EMA AIDS service providers, if any. Identify how long these relationships have been in effect, and for what purpose. In cases of collaborative proposals with other service providers, attach copies of the contractual agreements which will govern the proposed services. Describe actions the organization undertakes to ensure appropriate supervision of proposed staff.

Required Addendum (not part of page limit) – As applicable, attach copies of letters of agreement, letters of collaboration, and/or contractual agreements between the Proposer and any individual and/or organization.

If the Proposer is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the applicant under federal bankruptcy law or any state insolvency law, the vendor must provide the County with that information as part of this RFP. The County may consider that information during evaluation of the proposal. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a bid/proposal/quote, including, but not limited to, determining that the Proposer should be declared non-responsible and/or non-responsive, and suspension or debarment of the vendor, as those terms are defined in the Maricopa County Procurement Code.

By submitting a bid/proposal/quote in response to this solicitation, the Proposer agrees that, if, during the term of any contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding, or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a trustee or receiver is appointed over all or substantial portion of the property of the vendor under federal bankruptcy law or any state insolvency law, the Proposer will immediately provide the County with a written notice to that effect, and will provide the County with any relevant information it requests to determine whether the Proposer will meet its obligations to the County.

Section 6 – Program Financing

Compensation will be disbursed to the service provider on a deliverable unit cost basis consistent with the incurring of actual costs as included in the approved budget, and accepted by the MCDHCM. To determine the level of funding required to support their proposed program of services, applicants are instructed to develop a comprehensive financial plan inclusive of:

- The total funds requested.
- A line item budget detailing all direct and indirect program costs using budget categories and instructions as specified in Attachment A.
- A budget justification narrative, consistent with guidance included as Attachment A, detailing the need for each entry listed in the line item budget.

Each application must address all required elements and follow the outlined format exactly. Please take note of the following.

Respondents are to address proposals identified with return address, serial number and title in the following manner:

**Maricopa County Department of Materials Management
320 W Lincoln Street
Phoenix, AZ 85003**

**SERIAL #: 06139-RFP
RYAN WHITE TITLE 1 SERVICES**

Proposals must be signed by a corporate official who has been authorized to make such commitments. All prices shall be held firm from a period of one hundred twenty (120) days after the RFP closing date.

13.1 Exceptions to the Solicitation

The Respondent shall identify and list all exceptions taken to all sections of 06139-RFP and list these exceptions referencing the section (paragraph) where the exception exists and identify the exceptions and the proposed wording for the Respondent's exception. The Respondent will list these exceptions in the Best and Final Proposal under the heading, "Exception to the PROPOSAL Solicitation, SERIAL #: 06139-RFP."

The County reserves the right to reject, render the proposal non-responsive, enter into negotiation on any of the Respondent exceptions, or accept them outright.

13.2 General Content

The Proposal submitted should be specific and complete in every detail. It should be practical and should be prepared simply and economically, providing a straightforward, concise delineation of capabilities to satisfactorily perform the Contract being sought.

The Respondent should not necessarily limit the proposal to the performance of the services in accordance with this document but should outline any additional services and their costs if the Respondent deems them necessary to accomplish the program.

13.3 Post Award Meeting

The successful Respondent(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

14.0 CONTRACTUAL TERMS AND CONDITIONS

14.1 TERM

14.1.1 This Contract is for a term of SIXTEEN MONTHS (16) (OR LESS) beginning on the 1st day of November, 2006 and ending the 28th day of February, 2008.

14.2 PAYMENT

14.2.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "A."

14.2.2 Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.

14.3 INVOICES AND PAYMENTS:

14.3.1 The Contractor shall submit two (2) legible copies of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:

- 14.3.1.1 Company name, address and contact
- 14.3.1.2 County bill-to name and contact information
- 14.3.1.3 Contract Serial Number
- 14.3.1.4 County purchase order number
- 14.3.1.5 Invoice number and date
- 14.3.1.6 Payment terms
- 14.3.1.7 Date of services
- 14.3.1.8 Quantity (number of days or weeks)
- 14.3.1.9 Description of Purchase services

- 14.3.1.10 Pricing per unit of purchase
- 14.3.1.11 Extended price
- 14.3.1.12 Total Amount Due

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

14.4 DUTIES

- 14.4.1 **The Contractor shall perform all duties stated in this Document that they were selected to perform.**

14.5 INDEMNIFICATION:

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

14.6 INSURANCE REQUIREMENTS:

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contractor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

14.6.1 Commercial General Liability.

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

14.6.2 Automobile Liability.

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

14.6.3 Workers' Compensation.

Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$500,000 disease policy limit.

Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

14.6.4 Professional Liability Insurance.

Professional Liability insurance and, if necessary, Commercial Umbrella insurance, which will insure and provide coverage for errors or omissions of the Contractor, with limits of no less than \$1,000,000 for each claim.

14.7 Certificates of Insurance.

14.7.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.

In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

14.7.2 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

14.8 NOTICES:

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County
Department of Materials Management
Attn: Director
320 West Lincoln Street
Phoenix, Arizona

14.9 REQUIREMENTS CONTRACT:

14.9.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

14.10 TERMINATION FOR CONVENIENCE:

The County reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of the County without penalty or recourse. Upon receipt of the written notice, the Contractor shall immediately stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to the County. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the County upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination.

14.11 TERMINATION FOR DEFAULT:

14.11.1 In addition to the rights reserved in the Contract, the County may terminate the Contract in whole or in part due to the failure of the Contractor to comply with any term or

condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor.

14.11.2 Upon termination under this paragraph, all goods, materials, documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the County on demand.

14.11.3 The County may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Contractor shall be liable to the County for any excess costs incurred by the County in procuring materials or services in substitution for those due from the Contractor.

14.11.4 The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.

14.12 STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:

Notice is given that pursuant to A.R.S. §38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S §38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the Contract.

14.13 OFFSET FOR DAMAGES;

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

14.14 ADDITIONS/DELETIONS OF SERVICE:

The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

14.15 SUBCONTRACTING:

The Contractor may not assign this Contract or subcontract to another party for performance of the terms and conditions hereof without the written consent of the County, which shall not be unreasonably withheld. All correspondence authorizing subcontracting must reference the Proposal Serial Number and identify the job project.

14.16 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties.

14.17 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions

which could be more than five (5) years, whichever is longer. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

14.18 AUDIT DISALLOWANCES:

If at any time, County determines that a cost for which payment has been made is a disallowed cost, such as overpayment, County shall notify the Contractor in writing of the disallowance. County shall also state the means of correction, which may be but shall not be limited to adjustment of any future claim submitted by the Contractor by the amount of the disallowance, or to require repayment of the disallowed amount by the Contractor.

14.19 ALTERNATIVE DISPUTE RESOLUTION:

14.19.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:

14.19.1.1 Render a decision;

14.19.1.2 Notify the parties that the exhibits are available for retrieval; and

14.19.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

14.19.1.4 **Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.**

14.19.2 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

14.20 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

14.21 RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

14.22 INTEGRATION:

This Contract and the respondents' response represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

14.23 GOVERNING LAW:

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States District Court for the District of Arizona, sitting in Phoenix, Arizona

NOTE: RESPONDENTS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR PROPOSALS.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Maricopa County Department of Public Health, as Administrative Agent for the Federal Ryan White C.A.R.E. Act - Title I grant, has created and revised the format for budget submissions for all Providers providing services under the Title I C.A.R.E. Act grant. The attached set of instructions will help you in completion of the Maricopa County Department of Public Health Ryan White Title I budget forms.

The forms can be completed electronically and sent to:_____ or manually and mailed to_____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Title I grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.
 These forms create a standard format to accurately provide reporting information required under the administration of Title I funds. Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Title I funds that will:

- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
- b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- c. Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME FORM NUMBER

**Cover
Page**

B05-CV-1

Use this page to enter the summary information for your organization and Ryan White Title I grant award.
 * A separate budget packet, including Cover Page, is required for each Ryan White Title I grant award that you have been awarded.

The Cover Page consists of the following:

Name Enter the official name of your organization
 FEIN Enter your federal employee identification number
 Address Enter the address of your organization
 Authorized Contact the name of the person to be contacted and allowed to make decisions
 Telephone the telephone number of the Authorized Person
 Primary Contact the name of the person(s) to be contacted primarily (if different from above)
 Primary Telephone the telephone number of the Primary Contact
 Email Email of the Primary Contact
 Fax fax number that you can receive facsimile messages/correspondence
 Service Category the service category of the submitted budget packet (see Service Category in your Contract)
 Grant Year the beginning and ending grant year of your budget submission

**Budget
Summary**

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I Summarizes the organizational information provided in the Cover Page.
 The information will automatically populate when the Cover Page is complete

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant.
 This form is required for all Ryan White Title I awards issued by Maricopa County Department of Public Health.
 This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- 1 Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:
- a. Usual and recognized overhead, including establishing indirect rates for agencies;
 - b. Management and oversight of specific programs funded under this title; and
 - c. Other types of program support such as quality assurance, quality control, and related activities."

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

- 2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Department of Public Health

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

Personnel B05-PE-1

Use this form to list ALL persons being paid a salary from the Ryan White Title I grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Title I activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.
(I.e., Social Security - (FICA) 6.75%)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Title I grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on Administrative duties.
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

Travel B05-TV-1

Use this form to budget any travel expenses associated with the services of the Ryan White Title I Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.
The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12])
Maricopa County Department of Public Health has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.
The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Cell References: (D), (E), and (F) are calculated automatically.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

**Other
Allowable
Travel**

In some cases, other travel may be allowed under the Ryan White Title I Grant.
Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Department of Public Health has determined that costs included in this

- (A) Enter the dates that the other travel is expected.
- (B) and (C) Enter the estimated cost and description of the expense
*this can include car rental, parking fees, etc.
- (G) Provide a detailed description of the justification, in relation to Ryan White Title I services as awarded in this grant.

Columns (D), (E), and (F) are calculated automatically.

Supplies B05-SP-1

Use this form to create the supplies budget for the Ryan White Title I grant for this budget packet.
Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

Section I General Office Supplies

Maricopa County Department of Public Health has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment B05-EQ-1

Use this form to budget for equipment needed to support services under this Title I grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Title I grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

**Other Professional
Services B05-PF-1**

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Title I grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Department of Public Health County Department of Public Health.

**Maricopa County Department of Public Health,
Ryan White Title 1 - Budget Documentation**

NAME OF ORGANIZATION: _____

Fed. Employee ID #
(FEIN) _____

ADDRESS: _____

AUTHORIZED
CONTACT _____

TELEPHONE _____

FAX _____

E-MAIL _____

PRIMARY CONTACT _____

TELEPHONE _____

FAX _____

EMAIL _____

SERVICE CATEGORY _____

GRANT PERIOD: _____

Start Date

End Date

AMOUNT

\$

-

**Maricopa County Department of Public Health,
Ryan White CARE Act,
Administration Budget Summary - B05-SU-1**

(Section I)

Organization	0	Contract Number	(Enter Contract #)
Service Category	0		
Grant Period	January-00	Through January-00	

Narrative of Grant:

(Enter the Planning Council Definition of this service.)

(Section II)

Budget Requested: \$ -

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	1.1 FTE	\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits		-	-	-

Subtotal: Personnel

	-	-	-
--	---	---	---

Other Direct Costs

Travel		-	-	-
Supplies		-	-	-
Equipment		-		
Contractual		-	-	-
Program Support		-	-	-
Other Professional Services		-	-	-

Subtotal: Other Direct Costs

	-	-	-
--	---	---	---

Total Operating Expenses

	-	-	-
--	---	---	---

(Personnel and Other Direct Costs)

Indirect Costs

	-		-
--	---	--	---

Indirect Rate

0%

(Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	-	-	\$ -
	(Total Operating Expenses plus Indirect Costs)	0%	0%	

GRANT BALANCE

(Grant Revenue less Total Costs of Grant)

\$ -


Finance Approval		Date:	
Exec. Director Approval		Date:	
Administrative Agent		Date:	

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Document
Budget Summary

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Document
 Personnel - B05-PR-1

-1

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

1 Staffing

Provider Entry

Auto Calculation

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (K)
Staffing 0 0											
Position Title	Last Name	FTE	Rate	Gross Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
1		0.1		-	-	A	0%	-	-	-	-
2		1		-	-	A	0%	-	-	-	-
3				-	-	0	0%	-	-	-	-
4				-	-		0%	-	-	-	-
5				-	-			-	-	-	-
6				-	-			-	-	-	-
7				-	-		0%	-	-	-	-
TOTAL		1.1		-	-			-	-	-	-
(Admin)		0 FTE	(N) = (D) * (I)		0%	(P) = (N) / ((N) + (O))					
(Direct Service)		1.1 FTE	(O) = (D) * (1-(I))		Percent FTE	100%	(Q) = (O) / ((N) + (O))				

(A) Calculating Annual Salary 0

(Rate x Annual Hours)

(B)

Benefits	
Benefits	Percent
	0.00%
	0.00%
TOTAL	0.00%

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Document
Personnel - B05-PR-1

-1

1.10

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Document
 Travel - B05-TV-1

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C)*(A)	(E)	(F)	(G)
Mileage 0 0							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget	Admin	Direct Svc	Description
				\$0.00			
1 Admin	0	2500	0	\$ -	-		
2 Direct Svc	1.1	2000	2200	-		\$0.00	
TOTAL		4500	2200	-	-	-	\$ -

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE

2 Other Allowable Travel

At this time, Maricopa County Department of Public Health has determined that costs included in this section are Administrative Costs.

	(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel 0 0							
	Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1		\$ -	\$ -	-	-		
	Description						
2		\$ -	\$ -	-	-		
	Description						
3		\$ -	\$ -	-	-		
	Description						
				-	-	-	\$ -

SUMMARY	(Travel)	Admin	Direct Service	Total
		-	-	-

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Document
 Supplies - B05-SUP-1

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies: includes pens, paper, toner, etc.

(Apply at FTE Ratio)

1

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
General Office Supplies 0 0					
Item	Annual Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

2 Program Supplies

Program Supplies have been deemed Direct Service.

	(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies 0 0						
Description	Annual Budget	Admin	Direct			Narrative
1	0	-	-	-		
2		-	-	-		
3		-	-	-		
4		-	-	-		
5		-	-	-		
TOTAL		-	-	TOTAL	\$	-

Equipment less than \$1,000 - includes computers, fax machines, shredders, and adding machines to be used in the operations of this grant.

(Apply at FTE Ratio)

3

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
Equipment less than \$1,000 0 0					
Description	Allocated Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

Summary

- -

Maricopa Country Department of Public Health
 Ryan White Title 1 - Budget Document
 Equipment - B05-EQ-2

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 0 0					
Item Budgeted	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative
1		-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

Maricopa Country Department of Public Health
Ryan White Title 1 - Budget Document
Contractual - B05-CT-1

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting 0 0							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
				TOTAL	-	-	\$ -

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts 0 0							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Delta			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$ -

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Document
 Other Program Support - B05-SP-1

Other Program Support

1 Telephone

Telephone 0 0					
Description	Annual Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1 Cell Phones	0	-	-	-	
2 Direct Line		-	-	-	
3		-	-	-	
TOTAL		-	-	TOTAL	\$ -

2 Copy/Duplicating

Copy/Duplicating 0 0					
Description	Budget	Admin 0%	Direct Service	Total	Narrative Justification
Program Brochures					
1	0	-	-	-	
Other Copying/Duplicating					
2	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

Budget Category 6 4

3 Postage

Postage 0 0					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

4 Utilities

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities 0 0					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$ -

4 Other Program Support

Other Program Support 0 0					
Description	Budgeted Amount	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Document
 Other Professional Services - B05-PF-1

1 Audit/Accounting/Finance

Audit/Accounting/Finance 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a	0	0	-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

2 Insurance

Insurance 0 0							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
Cost Method Used							
Budget Justification							
b	0	0%	-		-		
Cost Method Used							
Budget Justification							
c		0%	-		-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

3 Rent/Space

Rent/Space 0 0							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

4 Other Professional Service

Other Professional Service 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a	0	0	-	0%	-	-	
Cost Method Used							
Budget Justification							
b			-		-	-	
Cost Method Used							
Budget Justification							
c					-	-	
Cost Method Used							
Budget Justification							

Maricopa County Department of Public Health

Ryan White Title 1 - Budget Document

Other Professional Services - B05-PF-1

				-	TOTAL	-	-	\$	-		
--	--	--	--	---	-------	---	---	----	---	--	--

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book
 This sheet allows for planning and cost calculations for services to be provided under this grant.
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name:
 Contract:

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product/Deliv erable	Schedule of Deliverables												(E) Total Payment Per Objective/Activity
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1		0	-	-													-
2		0	-	-													-
3			-	-													-
4			-	-													-
5			-	-													-
6			-	-													-
7			-	-													-
8			-	-													-
TOTAL			-		-	-	-	-	-	-	-	-	-	-	-	-	-

- (A)

(B)

(C)

(D)

Schedule of
Deliverables

(E)
- From the Work Statement - enter which activity this unit relates to.

Product/Unit Name - Enter the name that identifies this unit.

Enter the number of units proposed for the contract year.

This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.

Enter the number of units BY MONTH proposed in the corresponding column and row.

This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.
- \$

\$

(Over Budget)

-

-

-

1

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

2

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

3

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

4

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

5

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

6

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

7

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget

Units Prop

Percent to total

Travel

-

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries

Admin BNF

Ttl Admin

% of Ttl

Units

per unit

Salaries

-

-

-

#DIV/0!

-

#DIV/0!

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost

Units Prop

Percent to total

Travel

-

#DIV/0!

#DIV/0!

Supplies

-

#DIV/0!

Equipment

-

#DIV/0!

Contractual

-

#DIV/0!

PS

-

#DIV/0!

Other Direct Costs

-

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

8

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Total Direct Cost Budget Units Prop Percent to total

Travel	-	-	#DIV/0!		#DIV/0!
Supplies	-				#DIV/0!
Equipment	-				#DIV/0!
Contractual	-				#DIV/0!
PS	-				#DIV/0!
Other Direct Costs	-				#DIV/0!
					#DIV/0!

Administrative Costs

Admin Salaries Admin BNF Ttl Admin % of Ttl Units per unit

Salaries	-	-	-	#DIV/0!	-	#DIV/0!
-----------------	---	---	---	---------	---	---------

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost Units Prop Percent to total

Travel	-	-	#DIV/0!		#DIV/0!
Supplies	-				#DIV/0!
Equipment	-				#DIV/0!
Contractual	-				#DIV/0!
PS	-				#DIV/0!
Other Direct Costs	-				#DIV/0!
					#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for services provided under this grant.
 Complete one section for each unit of service proposed. (i.e, face-to-face visit)
 It is the Provider's responsibility to adequately identify costs associated with this service.
 Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:
 Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
 (PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:

(Use this section to justify the rate at which you are requesting to be reimbursed.)

(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost

Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost

Input the amount PER UNIT

Narrative Justification

Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

ATTACHMENT B

CHECKLIST OF PROPOSAL REQUIREMENTS

ORGANIZATION NAME:

SECTION 1. PROPOSAL COVER SHEET

- ☐ Proposal Cover Sheet completed

SECTION 2. PROPOSAL COVER LETTER

- ☐ Letter produced on organization letterhead
- ☐ Letter signed by Proposer or Board Chair, if a private organization; by Authorized Department Head, if a public agency

SECTION 3. CONTRACTOR INFORMATION

- ☐ All sections completed
- ☐ All supplementary information attached:
- ☐ Certificate of Good Standing from the Arizona Corporation Commission
- ☐ Resumes of key staff
- ☐ Most recently completed agency audit (not required of governmental/academic proposer's)
- ☐ Agency Bylaws (if applicable)
- ☐ Signed by Board Chair, required if a private organization; by Authorized Department Head, required if a public agency

SECTION 4. PROPOSED SERVICE

- ☐ Program narrative, and discussions of proposed objectives, tasks, approach and features completed for the service
- ☐ Program work statement
- ☐ Schedule of Deliverables completed for the service
- ☐ Contractual agreements with individuals and/or organizations being retained to support proposed activities

SECTION 5. ORGANIZATION EXPERIENCE

- ☐ Narrative describing organizational/professional experience
- ☐ Linkage and/or collaborative agreements and/or other relationships with EMA AIDS service organizations

SECTION 6. PROGRAM FINANCING

- ☐ Line item budget and justification narrative attached for the service (the underlying budget from which reimbursement for services provided shall be based, see Attachment A).

ATTACHMENT C

AGREEMENT

The Respondents hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor's offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement

BY SIGNING THIS AGREEMENT THE SUBMITTING FIRMS CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT RFP CONTRACT'S TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

_____ Disadvantaged Business Enterprise (DBE)
 _____ Women-Owned Business Enterprise (WBE)
 _____ Minority Business Enterprise (MBE)
 _____ Small Business Enterprise (SBE)

 FIRM SUBMITTING PROPOSAL

 FEDERAL TAX ID NUMBER

 PRINTED NAME AND TITLE

 AUTHORIZED SIGNATURE

 ADDRESS

 TELEPHONE

 FAX #

 CITY STATE ZIP

 DATE

 WEB SITE:

 EMAIL ADDRESS:

MARICOPA COUNTY, ARIZONA

BY: _____
 DIRECTOR, MATERIALS MANAGEMENT

 DATE

BY: _____
 CHAIRMAN, BOARD OF SUPERVISORS

 DATE

ATTESTED:

 CLERK OF THE BOARD

 DATE

APPROVED AS TO FORM:

 MARICOPA COUNTY ATTORNEY

 DATE

ATTACHMENT D

CONTRACTOR REFERENCES

FIRM SUBMITTING PROPOSAL: _____

1. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
2. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
3. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
4. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
5. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____

ATTACHMENT E

Revised CLAS Standards for Ryan White Use

The CLAS standards (Criteria for Culturally Competent Health Services) provided by the ASU Center for Community Development and Civil Rights are a very appropriate way to assess cultural competence in your Title I providers.

These standards were developed by the Office of Minority Health (OMH) within the U.S. Department of Health and Human Services. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

Culturally Competent Care (Standards 1-3)

[Note: These standards are considered *guidelines*, recommended by OMH for adoption as mandates by accrediting agencies.]

Revised Standard 1

Ryan White Title I service providers should ensure that patients/consumers receive from all staff members' effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Ryan White Title I service providers should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. For nonprofit organizations, this includes a diverse Board of Directors.

Standard 3

Ryan White Title I service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

[Note: These standards are *requirements* for all recipients of federal funds.]

Standard 4

Ryan White Title I service providers must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Ryan White Title I service providers must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Ryan White Title I service providers must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Ryan White Title I service providers must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

[Note: Standards 8-13 are *guidelines*, recommended by OMH for adoption as mandates by accrediting agencies. Standard 14 is a *recommendation*, suggested by OMH for voluntary adoption by health care organizations.]

Standard 8

Ryan White Title I service providers should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Ryan White Title I service providers should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Ryan White Title I service providers should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, provided to the Maricopa County Department of Healthcare Mandates as part of their Title I reporting, and periodically updated.

Standard 11

Ryan White Title I service providers should ensure that staff at all levels have access to and are familiar with the Phoenix EMA HIV/AIDS epidemiological profile and needs assessment data, in order to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the HIV/AIDS population in the service area.

Standard 12

Ryan White Title I service providers should develop participatory, collaborative partnerships with community-based organizations and communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Ryan White Title I service providers should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Ryan White Title I service providers are encouraged to regularly make available to the public information about their progress and successful innovations in implementing these standards and to provide public notice in their communities about the availability of this information.

EXHIBIT 1 VENDOR REGISTRATION PROCEDURES

On-line Vendor Registration at Maricopa County is available NOW!

On November 22, 2004, Maricopa County changed its vendor registration process. Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.

Procurement vendors: Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at VendorReg@mail.maricopa.gov.

EXHIBIT 2

LETTER OF TRANSMITTAL
(To be typed on the letterhead of Offeror)

Maricopa County Department of Health Care Mandates
301 W Jefferson, Suite #320
Phoenix, Arizona 85003

Re: 06139-RFP

To Whom It May Concern:

(NAME OF COMPANY) (herein referred to as the "Offeror"), hereby submits its response to your Request for Proposal dated _____, and agrees to perform as proposed in their proposal, if awarded the contract. The Offeror shall thereupon be contractually obligated to carry out its responsibilities respecting the services proposed.

Kindly **advise or advice** this in writing on or before _____ if you should desire to accept this proposal.

Very truly yours,

NAME (please print)

SIGNATURE

TITLE (please print)

**Work Statement Form
EXHIBIT 3**

SCHEDULE OF DELIVERABLES (for activities)

Organization Name:

Service Category:

(A) Objective or Activity	(B) Product/ Deliverable	(C) Proposed Fee Per Product/ Deliverable	(D) Proposed Delivery Date												(E) Total Payment Per Objective/Activity
			Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	April 07	May 07	Jun 07	July 07	Aug 07	Sept 07	Oct 07	
A															
B															
C															
D															
E															
F															
* G															
TOTAL:															

For each objective or activity, define the product or deliverable, define the proposed fee to the MCDHCM for the provision of that product or deliverable by your agency, project the volume of such products/deliverables to be provided per month for the 12 month time period, and calculate the total payment associated with each objective or activity.

